

**BRIGHTON & HOVE CITY COUNCIL**  
**HEALTH & WELLBEING BOARD**  
**4.00pm 16 DECEMBER 2025**  
**COUNCIL CHAMBER, HOVE TOWN HALL**  
**MINUTES**

**Present:** Councillor Baghoth (Chair)

**Also in attendance:** Councillor Helliwell and Alexander

**Other Members present:** Tanya Brown-Griffith, Monica Fletcher, Dr Adam Fazakerley (NHS Sussex); Jenny Preece (UHSx); Professor Nigel Sherriff (UoB); David Kemp (ESFRS); Deb Austin, Steve Hook, Dr Nicola Lang (BHCC); Tom Lambert, Caroline Ridley (CVS), Alan Boyd (Healthwatch)

**PART ONE**

**23 DECLARATIONS OF SUBSTITUTES AND INTERESTS AND EXCLUSIONS**

23(a) Declarations of Substitutes

23.1 Monica Fletcher attended in place of Ian Smith (NHS Sussex Integrated Care Board); Jenny Preece attended in place of Peter Lane (University Hospitals Sussex NHS Foundation Trust); David Kemp attended in place of Hannah Youldon (East Sussex Fire & Rescue Service).

23.2 Apologies were received from Professor Robin Banerjee, Isabella Fernandez-Davis, Kate Pilcher and Superintendent Petra Lazar.

23(b) Declarations of Interest

23.3 There were none.

23(c) Exclusion of Press & Public

23.4 RESOLVED – that the press & public be not excluded from the meeting.

**24 MINUTES**

24.1 The minutes of the 16 September 2025 meeting were approved.

**25 CHAIR'S COMMUNICATIONS**

25.1 The Chair gave the following communications:

I would like to open the meeting by thanking all the colleagues that supported last month's Health & Wellbeing Board development session. It was great to bring together Board Members with other colleagues who are active in their leadership of our health & care partnership and start our work around the development of the Board and the refresh of our Health & Wellbeing Strategy.

I was encouraged by the results of our review of Board effectiveness, that partners felt we were good at delivering our statutory duties as a Board. It was also positive that partners felt we were effective at creating a strong sense of Place and ensuring our delivery had a strong local focus. I think this reflects our recent work around the health counts survey, our JSNAs and the evolving work of our local Integrated Community (neighbourhood) Team partnerships across the city. So, I am pleased that this work is part of our agenda today as we look at the progress on our Shared Delivery Plan objectives.

It was also important that we got constructive feedback that there is more we can do to support our joint working and strategic planning to improve the health and wellbeing of the local population. We have the Better Care Fund on our agenda today, as Chair I am keen to see us continue to improve our leadership of this important fund that should drive local integration ensuring that our plan and associated investment is driving improvement in local health outcomes and enabling the new neighbourhood health reform.

In our recent Board Development session, our work together on assessing our Board effectiveness led naturally into us considering the latest data we hold on the health of our local population and how this should inform the development of our Joint Health & Wellbeing Strategy. There were some consistent themes that emerged from our discussions on the data; one of these was the need for our strategy refresh to enable a more focused approach to targeting key population health priorities. There was a broad agreement that our strategy should have strong focus on prevention, local health inequalities and that Health & Wellbeing Boards are uniquely placed to focus on the wider determinants of health.

I know that colleagues will be using all the valuable feedback collected in our development session to produce a more detailed scope for our strategy refresh and a model of Board development for us to consider and work on at our next Health & Wellbeing Board development session in March.

I would also like to take the opportunity to welcome Monica Fletcher OBE to the Board. Monica is the ICB Deputy Chair and will replace Stephen Lightfoot at the Board. Monica brings with her a wealth of experience, having originally worked as a nurse, and latterly as an NHS manager and an academic. I'm sure she will be a valuable addition to our Health & Wellbeing Board.

Finally, just to note that there is a minor change to today's agenda. I've been asked to take Item 32 Shared Delivery Plan Progress Report ahead of Item 31 Better Care Fund: Assurance Against BCF Delivery.

## **26 FORMAL PUBLIC INVOLVEMENT**

26.1 There were no public involvement items.

**27 FORMAL MEMBER INVOLVEMENT**

27.1 There were no member involvement items.

**28 VIOLENCE AGAINST WOMEN AND GIRLS (VAWG) STRATEGY AND ACTION PLAN**

28.1 This item was introduced by Anne Clark, Strategic Commissioner for Violence Against Women and Girls (VAWG) and by Cllr Emma Daniel, Cabinet Member for Children, Families & youth Services.

28.2 Ms Clark outlined the VAWG strategy, emphasising the significant contribution of VAWG to physical and mental ill health and to health inequalities. Cllr Daniel explained that, although *Violence Against Women and Girls* is the term used, the VAWG strategy in fact includes everyone. The biggest challenge is in shifting support from crisis to prevention whilst still meeting demand for crisis services. Priority areas include a focus on people who repeatedly feature at MARAC (multi agency risk assessment conference), delivering better staff training, and supporting the safe childhood campaign which targets the sharing and solicitation of explicit contact via smartphone. Cllr Daniel also told the Board that Cllr Sam Parrott has been appointed as lead member for VAWG.

28.3 Tanya Brown-Griffith noted that Health Counts data shows a worrying rise in the suicide rate for women and girls. Services are well aware that suicide is often linked to VAWG. Ms Brown-Griffith asked what health partners can do to support VAWG work. Ms Clark responded that priorities would include a greater focus on suicide, recognising that VAWG prevention is also suicide prevention. For example, of the 6 current domestic assault related death reviews, 3 relate to suicides. A second priority would be to ensure that routine enquiry happens across health services.

28.4 Tom Lambert asked about VCSE input into MARAC. Ms Clark replied that there is considerable sectoral input. Precisely which VCSE organisations are involved will vary as it depends on which organisations are supporting or have referred individual clients, but the list includes Switchboard, CGL, RISE and the International Women's Network.

28.5 Alan Boyd asked what was done to pick up public voice when developing the strategy. Ms Clark replied, explaining that the VAWG team had worked with a wide range of groups to ensure that the strategy was informed by survivor experience.

28.6 Monica Fletcher asked how the VAWG work is informed by data. Ms Clark responded that the strategy is underpinned by data from MARAC and from individual services. However, better mechanisms are required for collecting data. Ms Fletcher commented that the Board needs to think about how the health and care system collects and uses domestic assault data.

28.7 **RESOLVED** – that the Board notes the Preventing and Tackling Violence Against Women and Girls, Domestic Abuse and Sexual Violence Strategy 2025–28, and progress in delivering the action plan for its implementation; and supports the proposed role for health partners in supporting delivery of the strategy, as set out in section 2.8 of this report.

**29 BRIGHTON & HOVE SAFEGUARDING CHILDREN PARTNERSHIP ANNUAL REPORT 2024-25**

29.1 This item was presented by Deb Austin, BHCC Corporate Director, Families, Children & Wellbeing. Sarah Smart, Local Safeguarding Children Partnership (LSCP) Business Manager was also present remotely.

29.2 Ms Austin explained some of the context for the work of the LSCP, noting that Brighton & Hove has seen a steep declines in the number of children living in the city but rising numbers of children eligible for free school meals, an increase in the number of education, health & care plans issued, and increases in school absence and NEET rates. However, school exclusions are below the national average. There were almost 20,000 initial contacts with safeguarding in 2024-25, leading to around 3000 referrals to social work. There are currently around 260 children in the city subject to a child protection plan.

29.3 All LSCPs were required to update their multi agency safeguarding arrangements, and this work has been completed locally. Education is now more represented in safeguarding work. Closer ties have also been developed with East and West Sussex safeguarding and a pan-Sussex approach to safeguarding has been adopted. Business priorities for 2025-26 include enhancing working with education partners, developing a new Neglect strategy, and delivering more safeguarding training. Other priorities include the development of a pan-Sussex learning and development strategy, the development of a child sexual exploitation strategy, and development of a young scrutineers programme.

29.4 Ofsted inspected children's services in 2024 and gave an overall ranking of outstanding. This included good scores for many aspects of safeguarding.

29.5 Cllr Halliwell asked why the point of intervention for school absence was set at under 30% attendance. Ms Austin replied that it is important to recognise that there are a range of interventions for school absences, most of which will tackle much lower levels of absence. The <30% is for safeguarding interventions only.

29.6 Cllr Halliwell asked about the Neglect strategy. Ms Austin responded that the refresh will seek to prioritise early stage identification of neglect, going beyond social workers to include professions such as health visitors and teachers.

29.7 Tanya Brown-Griffith asked where the gaps are in terms of health services. Ms Austin replied that it was particularly important that workers across healthcare are trained to be aware of safeguarding issues.

29.8 Monica Fletcher asked about young scrutineers. Sarah Smart replied that recruitment of a cohort of young scrutineers is progressing. They will be recruited from across the city and care will be taken to ensure that those chosen accurately represent the diversity of the city.

29.9 Cllr Halliwell asked about out of area care placements. Ms Austin replied that Rainbow Lodge has just been opened in the city. This provides residential places for children and young people with complex disabilities who would previously have been placed out of area.

29.10 Caroline Ridley noted that VCSE plays an important role in safeguarding. This may include providing training for staff and trustees as well as some organisations maintaining a register of issues raised that fall below the safeguarding threshold.

29.11 The Chair asked why city performance on school exclusions is so good. Ms Austin replied that this is largely due to excellent practice by city schools, particularly secondary schools. Patcham High should be particularly commended, but all city secondaries work effectively to minimise exclusions.

**29.12 RESOLVED** – that the Board notes the Local Children’s Safeguarding Partnership Annual Report 2024-25.

### **30 JOINT STRATEGIC NEEDS ASSESSMENT PROGRAMME ANNUAL REPORT AND UPDATE 2025**

30.1 This item was presented by Louise Knight, Senior Public Health and Research Specialist, and by Dr Nicola Lang, interim Director of Public Health.

30.2 Ms Knight told the Board that it was proposed that the current 3 year Joint Strategic Needs Assessment (JSNA) programme be extended for a further year. The membership of the JSNA Steering Group has recently been extended to include more partners involved with wider determinant issues such as transport. Other recently delivered work includes analysis of Health Counts data, including a recent HWB development event; development of a new communication plan; website refresh; and a greater focus on co-production with local communities. Going forward, priorities include using Health Counts data to develop area profiles, and completing the SEND, neurodiversity and learning disability needs assessment.

30.3 Cllr Alexander asked for more information about the Community Research Project. Ms Knight responded that public health is working with the Hangleton & Knoll Project and the Trust for Developing Communities to develop this project.

30.4 Tanya Brown-Griffith commended the JSNA and noted how important it is that the ICB’s strategic commissioning intentions are underpinned by an understanding of health inequalities. Dr Lang agreed, stating that the team are working on developing a better understanding of how the wider determinants of health impact health inequalities and on developing neighbourhood level cuts of data to facilitate this. Much of this data is already available, but it is typically ordered by council wards and the ICB needs it at a neighbourhood level. Monica Fletcher commented that the system also needs to use this data to develop improvement metrics for the areas with the highest inequalities. This work needs to involve the communities, and this will require a bespoke rather than a standardised approach.

30.5 Jenny Preece noted that the recently developed University Hospitals Sussex Strategy had drawn on the Brighton & Hove and West Sussex JSNAs. Having data cut for neighbourhoods will be an important tool in delivering improvements, for example in terms of planning to reduce unnecessary admissions.

30.6 The Chair asked what the needs assessment priorities for the coming year were. Dr Lang replied that a detailed list was included in the report but that priority areas include TB, special educational needs & disability and Gypsy and Traveller health.

**30.7 RESOLVED** – that the Board notes the JSNA update and approves the updated proposed programme of needs assessments.

### **31 BETTER CARE FUND (BCF): ASSURANCE AGAINST BCF DELIVERY**

31.1 This item was introduced by Chas Walker, Programme Director, Integrated Service Transformation. Also presenting were Steve Hook and Tanya Brown-Griffith.

31.2 Mr Walker told the Board that, NHS England (NHSE) approval for the local Better Care Fund (BCF) plan had been conditional as NHSE wanted to see more challenging targets set. Targets have subsequently been revised to NHSE's satisfaction. The Section 75 agreement that supports the local BCF has also been refreshed. BCF expenditure is on track at the end of Quarter 2. However, 2 key metrics are currently off-track: discharge delays and hospital admissions for people 65+.

31.3 Mr Hook told members that discharge rates are improving, with current performance better than last year and better than the start of this year. There is additional discharge support via the national BCF support programme; investment in therapists now means that many therapies are being delivered to people while they are still inpatients; and the Home First and Admission Prevention teams are working successfully to reduce unnecessary admissions and to speed discharge. Other initiatives include the introduction of personal health grants and a move to a 24/7 discharge model. Ms Brown-Griffith added that the development of a Neighbourhood Health Alliance would help target unnecessary admissions. The Alliance will work to identify and support the people at highest risk of admission.

31.4 Monica Fletcher asked about work on flu. Ms Brown-Griffith responded that the target is for a 10-15% increase in vaccination uptake. Performance so far this year has been positive.

31.5 Tom Lambert asked about CVS involvement in the Neighbourhood Health Alliance. Ms Brown-Griffith confirmed that this forms a key part of planning for the roll-out of the Alliance.

31.6 The Chair asked about reablement centres. Mr Hook replied that there are currently 2 centres which will support improvements in the reablement pathway. These are at Craven Vale and Ireland Lodge. Services are also looking at providing a reablement offer to people when they present for adult social care assessment.

31.7 **RESOLVED** – that the Board:

- Notes performance against the BCF Plan for Quarters 1 and 2;
- Notes the sign-off of the Section 75 agreement between the Council and NHS Sussex as one of the national conditions of the BCF;
- Agrees the revisions to 3 metrics targets in the BCF Plan for 2025/26 as part of the final approval of the 2025/26 BCF Plan; and
- Notes the latest information on the national guidance for BCF planning for 2026/27.

### **32 SHARED DELIVERY PLAN (SDP): PROGRESS REPORT**

32.1 This item was introduced by Chas Walker, Programme Director, Integrated Service Transformation. Also presenting were Steve Hook, Tanya Brown-Griffith, Dr Adam Fazakerley, Tory Lawrence and Joanna Martindale (Hangleton & Knoll Project).

32.2 Mr Walker told the Board that, of the 13 Shared Delivery Plan (SDP) objectives 10 were on track, one had been delayed and 2 were off-track. Ms Brown-Griffith told members that one of the off-track objectives was the development of a women's health hub. There is a local pilot which ends in February and a city women's health hub model will be subsequently developed. The other off-track priority is young people mental health transition. Work required here includes the close alignment of mental health, learning disability and autism services; improvement in help & advice services; and the development of a 16-18 neurodivergent pathway. Steve Hook told the Board that the council has recently adopted a Transition Strategy and has some funding to employ a programme manager to help embed the strategy. Mr Walker said that there would be a detailed report on the off-track areas at a future Board meeting.

32.3 Dr Fazakerley explained how the East Brighton health hub operates. The hub has been a success. It has helped that University Hospitals Sussex NHS Foundation Trust has been extremely supportive and that funding has been provided by a local GP practice. Ms Martindale and Ms Lawrence explained how the West health hub operates, noting that this functions across a number of venues rather than from a single base.

32.4 Cllr Halliwell commented that there have been very different approaches to health hubs in the east and the west of the city. Ms Martindale agreed, noting that this was because the hubs had utilised the assets available within each area. For example, while the east hub was relatively focused, the west hub had to cover quite a large geographical area, stretching from Mile Oak to the Knoll, and it was decided that the best approach here would be to hold a series of events at different community locations rather than expecting people to travel to one site. There is no right or wrong health hub model, but to be successful a hub needs to adopt a model that reflects the needs and assets of its community. Dr Fazakerley added that there is a long term ambition to develop hubs in the east, west and centre of Brighton & Hove.

32.5 Cllr Halliwell asked how the hubs were publicised. Ms Martindale replied that GP patients were targeted. There was also a range of community engagement via social media, flyers and other means. To date, attendance has split around 50/50 in terms of whether visitors heard of health hubs from GP communications or community advertising.

32.6 The Chair asked about the percentage of communities who have attended health hubs. Mr Walker replied that this information is not available. There will be evaluation in terms of how effectively the hubs have engaged with the most at risk communities.

32.7 Cllr Alexander asked for more details on the women's health hub. Dr Fazakerley responded that this had initially been hosted within a GP surgery. However, demand had been very high, and the challenge is to develop a sustainable model that can be delivered at scale and over a long period of time.

32.8 Cllr Alexander asked about the number of appointments at the women's health hub compared to attendance at the hubs in East and West Sussex. Dr Fazakerley replied that it is difficult to compare the hubs in this way because of very different demographics. The sheer number of GP surgeries operating in Brighton & Hove also complicates the picture.

32.9 Cllr Alexander asked when the new transitions programme manager would be recruited. Mr Hook responded that the plan is to complete this recruitment in early 2026.

32.10 Tom Lambert noted that CVS organisations were critical to the success of health hubs. Ms Martindale concurred and added that it was important that the key role played by the sector was recognised.

32.11 Monica Fletcher noted that it was good to hear about the success of the Brighton & Hove health hub pilots. This is a key area of ambition for the ICB, which will be evaluating the performance of health hub pilots from across Surrey and Sussex. A particular positive from Brighton & Hove has been the active engagement from the acute trust.

32.12 Cllr Alexander enquired what is being done in other parts of the city. Mr Walker replied that there is also lots of work happening in the centre of the city. For reasons of time, it was not possible to include this work in the Board presentation.

32.13 The Chair asked how many women's health hubs would be needed across the city. Ms Brown-Griffith replied that this would depend on NHS England deciding on funding and the types of contracts it aims to award. However, it is clear that there is really high demand for holistic, non-medicalised hubs offering a range of medical and non-medical services across multiple sites, potentially with roving services also. Dr Lang noted that public health is committed to helping develop this model and is deeply involved in many women's health initiatives.

**32.14 RESOLVED** – that the report be noted.

The meeting concluded at 7.15pm

Signed

Chair

Dated this

day of